

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000081404

Entity Name: CORAL GABLES DENTAL HEALTH CENTER, P.A.

Current Principal Place of Business:

747 PONCE DE LEON BLVD
SUITE 401
CORAL GABLES, FL 33134

Current Mailing Address:

747 PONCE DE LEON BLVD
SUITE 401
CORAL GABLES, FL 33134 US

FEI Number: 82-3182143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERRO, JUAN C DR
747 PONCE DE LEON BLVD
SUITE 401
CORAL GABLES , FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ERRO, JUAN C
Address 15450 NEW BARN RD SUITE 101
City-State-Zip: MIAMI LAKES FL 33014

Title D
Name CARBALLO, RODOLFO
Address 15450 NEW BARN ROAD SUITE 101
City-State-Zip: MIAMI LAKES FL 33014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUAN C. ERRO

PRESIDENT

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date